

AMENDED IN ASSEMBLY APRIL 14, 2009

CALIFORNIA LEGISLATURE—2009—10 REGULAR SESSION

ASSEMBLY BILL

No. 1140

Introduced by Assembly Member Niello

February 27, 2009

An act to amend Section ~~680~~ 655.8 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1140, as amended, Niello. ~~Healing arts.~~ *Diagnostic imaging services.*

Existing law prohibits a healing arts practitioner from charging, billing, or soliciting payment from any patient, client, customer, or 3rd-party payer for performance of the technical component of specified diagnostic imaging services not rendered by the practitioner or a person under the practitioner's supervision, as defined. Existing law also defines a 3rd-party payer as any person or entity who is responsible to pay for CT, PET, or MRI services provided to a patient.

This bill would specify that a 3rd-party payer includes, but is not limited to, a person or entity who contracts with insurance carriers, self-insured employers, 3rd-party administrators, or any other person or entity who, pursuant to a contract, is responsible to pay for CT, PET, or MRI services.

~~Existing law requires a health care practitioner, as defined, to disclose, while working, his or her name and license status on a specified name tag. However, existing law exempts from this requirement a health care practitioner, in a practice or office, whose license is prominently displayed.~~

~~This bill would make a nonsubstantive, technical change to these provisions.~~

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 *SECTION 1. Section 655.8 of the Business and Professions*
2 *Code is amended to read:*
3 655.8. (a) It is unlawful for any person licensed under this
4 division or under any initiative act referred to in this division to
5 charge, bill, or otherwise solicit payment from any patient, client,
6 customer, or third-party payer for performance of the technical
7 component of Computerized Tomography (CT), Positron Emission
8 Tomography (PET), or Magnetic Resonance Imaging (MRI)
9 diagnostic imaging services if those services were not actually
10 rendered by the licensee or a person under his or her supervision.
11 (b) Radiological facilities or imaging centers performing the
12 technical component of CT, PET, or MRI diagnostic imaging
13 services shall directly bill either the patient or the responsible
14 third-party payer for such services rendered by those facilities.
15 Radiological facilities or imaging centers shall not bill the licensee
16 who requests the services.
17 (c) This section shall not apply to any of the following:
18 (1) Any person who, or radiological facility or imaging center
19 that, contracts directly with a health care service plan licensed
20 pursuant to Chapter 2.2 (commencing with Section 1340) of
21 Division 2 of the Health and Safety Code.
22 (2) Any person who, or clinic that, provides diagnostic imaging
23 services without charge to the patient, or on a sliding scale payment
24 basis if the patient's charge for services is determined by the
25 patient's ability to pay.
26 (3) Health care programs operated by public entities, including,
27 but not limited to, colleges and universities.
28 (4) Health care programs operated by private educational
29 institutions to serve the health care needs of their students.
30 (5) Any person who, or clinic that, contracts with an employer
31 to provide medical services to employees of the employer if the
32 diagnostic imaging services are provided under the contract.

1 (6) Diagnostic imaging services that are performed within a
2 physician and surgeon's office, as defined in paragraph (5) of
3 subdivision (b) of Section 650.01, or the office of a group practice,
4 as defined in paragraph (6) of subdivision (b) of Section 650.01.

5 (d) Nothing in this section prohibits a licensee or a physician
6 entity from billing globally for professional and technical
7 components if both of the following conditions are met:

8 (1) Neither the physician, or any member of his or her medical
9 group, nor the physician entity has ordered the diagnostic imaging
10 services.

11 (2) The physician, or a member of his or her medical group, or
12 the physician entity provides the professional interpretation of the
13 diagnostic imaging service.

14 (e) Nothing in subdivision (d) is intended to authorize or permit
15 an imaging center to engage in the practice of medicine or exercise
16 other professional rights, privileges, or powers in violation of
17 Section 2400 of the Business and Professions Code.

18 (f) For the purposes of this section, the following terms shall
19 have the following meanings:

20 (1) "Physician entity" means a professional medical corporation
21 formed pursuant to Section 2406 or a general partnership that
22 consists entirely of physicians and surgeons or professional medical
23 corporations.

24 (2) "Responsible third-party payer" means any person or entity
25 who is responsible to pay for CT, PET, or MRI services provided
26 to a patient, *including, but not limited to, a person or entity who*
27 *contracts with insurance carriers, self-insured employers,*
28 *third-party administrators, or any other person or entity who,*
29 *pursuant to a contract, is responsible to pay for CT, PET, or MRI*
30 *services provided to a patient covered by that contract.*

31 (3) "Supervision" means that the referring licensee is providing
32 the level of supervision set forth in paragraph (3) of subsection (b)
33 of Section 410.32 of Title 42 of the Code of Federal Regulations.

34 (4) "Technical component" includes services other than those
35 provided by a physician and surgeon for the CT, PET, or MRI
36 including personnel, materials, space, equipment, and other
37 facilities.

38 ~~SECTION 1.—Section 680 of the Business and Professions Code~~
39 ~~is amended to read:~~

1 680. ~~(a) Except as otherwise provided in this section, a health~~
2 ~~care practitioner shall disclose, while working, his or her name~~
3 ~~and practitioner's license status, as granted by this state, on a name~~
4 ~~tag in at least 18-point type. A health care practitioner in a practice~~
5 ~~or an office, whose license is prominently displayed, may opt to~~
6 ~~not wear a name tag. If a health care practitioner or a licensed~~
7 ~~clinical social worker is working in a psychiatric setting or in a~~
8 ~~setting that is not licensed by the state, the employing entity or~~
9 ~~agency shall have the discretion to make an exception from the~~
10 ~~name tag requirement for individual safety or therapeutic concerns.~~
11 ~~In the interest of public safety and consumer awareness, it shall~~
12 ~~be unlawful for any person to use the title "nurse" in reference to~~
13 ~~himself or herself and in any capacity, except for an individual~~
14 ~~who is a registered nurse or a licensed vocational nurse, or as~~
15 ~~otherwise provided in Section 2800. Nothing in this section shall~~
16 ~~prohibit a certified nurse assistant from using his or her title.~~

17 ~~(b) Facilities licensed by the State Department of Social~~
18 ~~Services, the State Department of Mental Health, or the State~~
19 ~~Department of Public Health shall develop and implement policies~~
20 ~~to ensure that health care practitioners providing care in those~~
21 ~~facilities are in compliance with subdivision (a). The State~~
22 ~~Department of Social Services, the State Department of Mental~~
23 ~~Health, and the State Department of Public Health shall verify~~
24 ~~through periodic inspections that the policies required pursuant to~~
25 ~~subdivision (a) have been developed and implemented by the~~
26 ~~respective licensed facilities.~~

27 ~~(c) For purposes of this article, "health care practitioner" shall~~
28 ~~mean any person who engages in acts that are the subject of~~
29 ~~licensure or regulation under this division or under any initiative~~
30 ~~act referred to in this division.~~